

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 SEP 16 AM 11:52
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 15 MAIL CENTER

MARKO MILAKOVICH CAMPAIGN ACCOUNT FOR
U S REPRESENTATIVE DISTRICT 9

ADDRESS (number and street)

5060 HARKLEY RUNYAN ROAD



(Check if address
is changed)

SAINT CLOUD

CITY ▲

FL

STATE ▲

34771-9538

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

MARKO @ MARKO4CONGRESS.ORG

Optional Second E-Mail Address

VSS MARKO @ GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

HTTP://WWW.MARKO4CONGRESS.ORG

2. DATE

09 / 09 / 2014

3. FEC IDENTIFICATION NUMBER ►

C00565994

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARKO MILAKOVICH

Signature of Treasurer

marko milakovich

Date

09 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

MARKO MILAKOVICH

Candidate
Party Affiliation

NPA

Office
Sought:

House



Senate



President

State

FL

District

09

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

Full Name of
Designated
Agent

GHUKHULI Z. MILAKOVICH

Mailing Address

5060 HARKLEY RUNYAN ROAD

SAINT CLOUD

CITY

FL

STATE

34771-9538

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

407-267-0167

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CENTERSTATE BANK

Mailing Address

1898 EAST IRLD BRONSON MEMORIAL HWY

SAINT CLOUD

CITY

FL

STATE

34771-9538

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

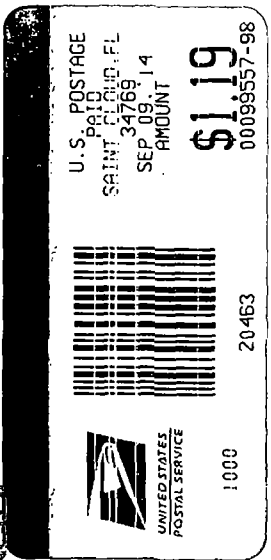
STATE

ZIP CODE

AKOVICH

10 HARKLEY RUYAN ROAD
CLOUD, FLORIDA 34771-9538

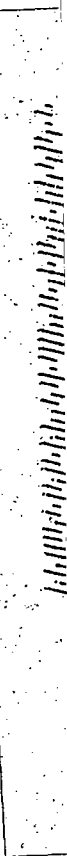
UNITED STATES POSTAL SERVICE



FIRST CLASS

FEDERAL ELECTION COMMISSION
ATTN: MS. LAURA BEAUFORT
999 E STREET, NW
WASHINGTON, D.C. 20463

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INFORMATION

(8/2013)